US Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official tipe Ordy Rec d AE 18 Mill E READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT		
1 File Number U 9977	2 Fiscal Year Covered From	
	1 / [] / [2004] Through [/2] / [2004]	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name DANAY DoyLE	Name IRAN WARKERS COCAL 40	
	Labor Organization File Number 037 089	
PO Box Bidg Room No If any 15 Floor	PO Box Building and Room Number if any 18 Plook	
Street 451 Park ANENUE South	Street 451 PARK AVENUE South	
City New York	City NEW YORK	
State New York ZIP Code + 4 1/0016	State NEW YORK ZIP Code +4 /00/6	
5 Position in labor organization Business Agent-		
Enter appropriate data below if during the past fiscal year you or your spo (except as specified in the exclusion of the excl	derived income or other economic benefit of	
6 Name and address of Employer (including trade name if any)	7.a Nature of Interest, Transaction or Income	
Name [
Trade Name if any		
PO Box Bidg Room No if any		
Street	7.b Amount.	
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)		
1000		
Signed Limit	On 8/12/05 2/2 889-/320 Date Telephone Number	

Name of Person Filling DANNY DOYLE		File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name	a Labor Organizat L b Trust C Employer 11 a Nature of such dealer		
PO Box Bldg Room No If any Street	1		
	11 b Approximate dollar value	e of such dealing	
State ZIP Code + 4	12 a Nature of interest held	or income received	
	12 b Amount.		
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.	1/16	
Name KOCH SKATSICA		' / ' 6	
Trade Name if any			
PO Box, Bldg Room No if any Street YOU ROOFFIELT AVENUE			
Street 400 ROGEVELT AVENUE City CARTERET			
State NEW TERSEY ZIP Code + 4 07008			
13.b. is the Business an Employer or Consultant 7	14.b Amount of payment.	\$ 75 -	

Name of Person Filling Da NNY DOYLE		File Number U	
B Heid an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your tabor organization or with a trust in which your tabor organization is interested			
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box, Bidg Room No if any Street ZIP Code + 4	9 Business deals with a Labor Organiza b Trust c. Employer	tion	
10 If 9 b or 9 c. is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street Ctly. ZIP Code + 4	11 a Nature of such deals 11.b Approximate dollar value 12 a Nature of interest held 12 b Amount.	e of such dealing	
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or other thing of value		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name TA AHERA CONTRACTORS CORP Trade Name if any PO Box, Bldg Room No., if any Street 421 EAST 26 STREET City NEW YORK ZIP Code +4 10016	14.a Nature of payment. CHR ISTM AS	LUNCH -12	/22
13.b. Is the Business an Employer or Consultant 7	14.b Amount of payment.		\$ 50

Name of Person Filing DANNY DOYLE		File Number U	
B Held an interest in or derived income or economic benefit with mometary value from a business (1) a substantial part of which consists of buying from setting or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or setting or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name	a Labor Organiza	tion	
Trade Name if any	b Trust		
PO Box Bldg Room No If any	c. Employer		
City			
State ZIP Code + 4			
10 If 9 b or 9 c, is checked give trust or employer's name	11 a Nature of such dealer	19	
Name [1		
Trade Name if any			
PO Box Bldg Room No of any Street	1		
City -	11 b Approximate dollar value		
State ZIP Code + 4	12 a Nature of interest held	or around received	
	12.b Amount.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value		
13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)	14.a Nature of payment.		
Name LAZARD ASSET MGT	LUNCH	12/7	
Trade Name if any			
PO Box, Bldg Room No if any			
Street 30 KOCKEFALBE PLAZA			
State NEW YORK ZIP Code +4 /0020			
13.b. Is the Business an Employer or Consultant 7	14.b Amount of payment.	\$ 125-	

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Name of Person Filing DANNY POYLE		File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your tabor organization or with a trust in which your tabor organization is interested			
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box, Bldg Room No if any Street ZIP Code + 4	9 Business deals with a Labor Organiza [_] b Trust [_] c. Employer	tion	
10 If 9.b or 9 c. is checked give trust or employer's name	11 a Nature of such dealer	ng	
Name Trade Name if any PO Box Bidg Room No if any Street: City ZIP Code + 4	11 b Approximate dollar value 12 a Nature of interest held		
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant			
(Including trade name if any)	LUNCH	12/2	
Name LORY ASSETT	LUNCH	-1-	11
Trade Name if any			
PO Box Bldg Room No if any			
Street 90 HWSON STREET City JERSEY CITY			
State NEW JERSEY ZIP Code +4 07301 - 3973		······································	
13.b. Is the Business an Employer or Consultant 2 ?	14.b Amount of payment.	9 100 -	

Name of Person Filing DANNY Doyle		File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
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_Caty	12 a Nature of interest held	or income received	
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	12 B Amount		
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	A	
Name COLLERAN, O HARA, MILLS	CHRISTMINS F	nery 12111	
Trade Name if any			
PO Box Bidg Room No if any SUITE 450 Street 1225 FRANKLIN AVENUE City GARDEN CITY State NEW YORK ZIP Code +4 11530			
13.b. is the Business an Employer or Consultant 🖔 ?	14.b Amount of payment.	\$148-	

Name of Person Filling DANNY DOYLE		File Number U	
B Heid an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or lessing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Trade Name if any PO Box, Bidg Room No if any Street City State ZIP Code + 4 10 if 9 b or 9 c. is checked give trust or employer's name Name Trade Name if any PO Box, Bidg Room No if any Street City State ZIP Code + 4	9 Business deals with a Labor Organiza b Trust c Employer 11 a Nature of such dealing 11.b Approximate dollar value 12 a Nature of interest held	e of such dealing	
	12.b Amount.		
C Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value		
13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)	14.a Nature of payment		
Name ALLIED BUILDAL METAL INDUSTRIES Trade Name if any PO Box Bldg Room No if any 8th Floor Street 21 EAST 43 TREET	CHRISTMAS	S LUNCH 12/17	
Cay NEW YORK ZIP Code +4 /OO17			
13.b. is the Business an Employer or Consultant ?	14.b Amount of payment.	F84 -	

File Number U-Name of Person Filing 8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 9 Business deals with 8 Name and address of Business (including trade name If any) Name a Labor Organization Trade Name If any b Trust PO Box. Bldg Room No If any a, Employer Street City JZIP Code + 4 State 11 a Nature of such dealing 10 If 9 p or 9 c is checked give trust or employer's name Trade Name if any PO Box, Bldg Room No., If any 11 b Approximate dollar value of such dealing C2N 12 a Nature of interest held or moome received ZIP Code + 4 State 12 b Amount C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14.a Nature of payment. 13.a Name and address of Employer or Labor Relations Consultant (Including trade name, if any) HOTEL DEPOSIT EMPLOYEE BENEFIT Name I workers books 40 36/4417 Heath From CONFERENCE - ITAMAII Trade Name, if any P.D Box, Bldg., Room No if any park me south ZIP Code +4 /2016 14.b. Amount of payment. 13.b. ts the Business an Employer or Consultant 7 350 orm LM-30 (2003)